



2019-2020

APPLICATION and AGREEMENT FORM

Date Form and Essay Received:

___/___/___

Date Deposit

Received: ___/___/___

Total

Amount Due: \$ _____

FINAL DEADLINE IS: FRIDAY, SEPTEMBER 5, 2019

Each team member is required to complete this form.

Submitting all three team members at the same time is recommended. Acceptance is on a first come, first served basis.

APPLICANT

Last Name _____ First Name _____

Name You Prefer to be Called _____ Date of Birth ___/___/___

Home Mailing Address _____

City _____ State _____ Zip _____

Primary Email Address _____

Primary Phone _____-_____-_____ O.K. to Text? Yes No

Any Special Dietary Restriction(s) _____

Student Team Member Entering Grade ___ Fall 2019 Adult Team Member

School District _____ or Homeschool

Local Newspaper _____

TEAM'S SCHOOL ADMINISTRATOR

School Administrator Name _____

School Mailing Address _____

City _____ State _____ Zip _____

Primary Email Address _____

School Phone _____-_____-_____ Mobile Phone _____-_____-_____ O.K. to Text? Yes No

This applicant (student or adult) will not be counted absent by participating in this experiential learning program outside the school district campus.

STUDENT APPLICANT PARENT/GUARDIAN

Name(s) _____

Primary Email Address _____

Daytime Phone _____-_____-_____ Mobile Phone _____-_____-_____ O.K. to Text? Yes No



APPLICANT ESSAY

Please briefly explain what the phrase "education empowers" means to you?

(Please limit narrative to 500 words or less. Entries may be submitted on an additional page.)

PARTICIPANT AGREEMENT

09.17.2019 I agree to participate in all four sessions of the e2 Fellowship listed to the left.

11.19.2019

02.11.2020

04.07.2020

I understand that the images, videos, and audio recording, in which I am a participant, is being produced and is owned by Heartland Foundation. I hereby acknowledge that my participation may be edited and used in whole or in part as desired in any way by Heartland Foundation included, but not limited to being reproduced, duplicated, and used for non-theatrical audiovisual informational, public relations, and general educational purposes. I also consent to the use of my likeness and voice for all purposes listed above in connection with the images and audiovisuals through traditional print, radio, television and/or online media platforms.

Applicant's Signature _____ Date ____/____/20____

If under the age of 18 years, this release must also be signed by the participant's parent or legal guardian.

Parent/Guardian Signature: _____ Date ____/____/20____

Parent/Guardian's Printed Name: _____

REGISTRATION

Program Fee: **\$375** per team covering up to three individuals (\$125 per participant)
Application and Payment Deadline is September 5th, 2019.

- The team fee includes 4-days of program facilitation, materials, and lunches; it does not cover transportation or lodging.
- Applicants are accepted on a first come, first served basis for up to 20 teams. *(If more than 20 teams are committed to participating, a second class for the 2017-2018 academic year may be opened.)*

PAYMENT: Check enclosed payable to Heartland Foundation

Credit Card Amount authorized to charge \$ _____

VISA Mastercard Discover American Express _____
Card #

Exp. Date Security Code Signature

MAIL TO: Heartland Foundation
Attn: Myleigh Lanham, e² Fellowship
518 S. 6th Street, St. Joseph, MO 64501

EMAIL: myleigh.lanham@heartlandfoundation.org
FAX: 816-271-7269
CALL: 816-271-7859 with any questions.

Thank you for your interest in the e² Fellowship Program.

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